



# **Human Writes**

## **State Human Rights Committee Newsletter**

**Volume 6 Issue 1**

**Winter 2011**

Welcome to the Winter 2011 edition of Human Writes, a newsletter from the State Human Rights Committee (SHRC). The purpose of this newsletter is to share ideas, problems, solutions and other items of mutual interest among the Local Human Rights Committees and the SHRC. Please submit your thoughts and ideas to:

DBHDS  
Office of Human Rights  
P. O. Box 1797  
Richmond, VA 23218  
[SHRC.newsletter@co.dbhds.virginia.gov](mailto:SHRC.newsletter@co.dbhds.virginia.gov)

### **LHRC HONOREE**

**By: Randy Johnsey**

Lesa Shelton

Mrs. Shelton is a three year member of the Danville area LHRC. She was placed on the committee at a time when things were much different than they are today. Since she started, the advocate in charge of the committee has changed to Ms. Roanna Deal and the two committees in the area have combined into one. There have been other smaller changes as well.

This committee is quite used to conducting hearings. Lisa has found this to be one of the most difficult things to deal with. You see, she is a K-12 teacher, and that alone puts a strain on a person's time. Take it from someone who knows; when I was teaching high school I learned that the amount of work one needs to prepare for the next day can be overwhelming. Lesa is currently teaching English as a second language. Prior to this position she taught high school English for five years.

Lesa has been married for twenty-eight years. Her husband is a computer systems manager at an engineering company. Just a personal note, I have an Uncle who has a Ph.D. in computer science. To make a long story short, he got me to try my hand at following him in that field. I learned a lot in a short period of time, like that field is not for me. That experience,



however, made me aware of the dedication a person has to have to do the job. However, I, like Lesa, find the classroom more to my liking.

Lesla says that having a family member who is mentally challenged has made her more aware that the disabled must have their voices heard, and she believes she is helping that to get done. This should be accomplished in a way which demonstrates that there is no shame, and there need to be no stigma attached to having any mental disability.

In closing, Lesa would like to share with people who have disabilities that they should consider the following before filing a complaint: is the complaint valid; does it show respect for all involved; and is it logical.

## **MEET THE ADVOCATE**

**By: Randy Johnsey**

Charles "Chuck" Collins

I must start off by saying that when I first began meeting Advocates from regions other than the one I came from, Chuck was very supportive to me. His nature and calming attitude helped me transition from an LHRC to the SHRC. Please do not get me wrong, everyone that I have had the fortune of meeting has gone out of their way to help me, but I feel that Chuck has gone the extra mile to help me from an Advocate's position.

Chuck served in the Army as a Captain. When pressed to tell me more about his accomplishments and the medals he earned, he asked me to say only that he served. He feels that others, the ones who served overseas, deserve more credit than he.

Chuck is a Lawyer, and he uses his training to help him in his job with the Department. Before you start with your lawyer jokes, be aware that in my life I have had the pleasure of working with some of the best, and I have had the misfortune of working with a few of the worst; Chuck falls in the first category.

You know by now that I always try to put a personal side to these summaries of people's lives, so here it is for this issue. Chuck has a family that he is very proud of. He has three children: one daughter; aged twenty-five; and two sons aged twenty-seven and twenty-one. I found it a little bit funny (ha-ha-wise) that when asked about his wife his voice became noticeably more animated with pride. Chuck has only good things to say about his family. This is a common trait that I have found among the Advocates I have had the pleasure of working with.

In closing, I just had to be a little bit nosey. As an Advocate Chuck serves as technical



advisor to his LHRCs which means, among other things, that he aids his LHRCs in conducting hearings and he helps to prepare cases on appeal to the SHRC. I asked Chuck what case made him feel most like he had had the best possible outcome. His response showed humility and introspection. He cited a case that came to the SHRC during the time I have been serving on the committee. This case received media attention, and though I tried to play devil's advocate with Chuck concerning the case, he had only praise for the LHRC and the SHRC, which he feels added to the positive outcome. He felt that all concerned, although each faced challenges, worked towards a solution.

Oh and on a personal note, Chuck is starting to receive recognition from other organizations, for the work that he has been doing. I hope that Chuck will continue doing the fine work that he has been doing for many more years!

### **INTRODUCING Dr. Penny Cameron**

**By: Randy Johnsey**

I must admit that I was more than a little nervous about doing an interview with a fellow member of the SHRC. That, to put it frankly, scares the daylights out of me. This lady has a background that makes me feel as though I am putting my foot in my mouth each time I speak. I must make it clear, however, that she has been nothing but polite to me, just as the other members have, all of whom have excelled in their chosen fields. Given this fact, I should have known that she was going to be wonderful to interview.

Penny went about becoming a psychiatric nurse practitioner in a rather unusual way. She first earned her Bachelor's degree in Psychology, then her Master's, then she went back to a junior college to gain her Associate's degree in Nursing. So all you people who think that junior college is just for people who can't get into or make it in a four year college, read that last sentence again. Penny shared with me the fact that her interest in this field was at least partially due to the fact that she has a close family member with a mental illness.

I found her knowledge of so many changes in the field since I was in college to be exciting. We talked for over an hour (Ya right, like I would do that - you bet I would, and did!). I learned that as well as keeping her students up to date, as one would expect, she also incorporates the new with the tried and proven. She related her story of a patient she had several years ago, (point: she was careful not to violate confidentiality), who was difficult to treat until she learned of and tried a new drug she felt certain would help.

When the subject of family came up, I learned that she has two children...well, step-children, but she and they consider the children to be hers: a son, who is a mechanic; and a daughter, who is a veterinarian. Penny also made sure that I knew she has three granddaughters. Her husband is human resources director for an engineering firm, so the entire family is



successful at their professions.

In closing, I would like to point out two things: 1) Penny commented that she is enjoying being on the SHRC and feels that she is gaining a new viewpoint of advocacy, and 2) I told her honestly that I feel she is a true asset to the committee.

### **VCBR Virginia Center for Behavioral Rehabilitation**

In September of 2008 the Piedmont Geriatric Hospital (PGH) LHRC agreed to accept the VCBR as an affiliated program on a trial basis. This was the first time VCBR affiliated with an LHRC. Previously, due to the unique nature of the population of VCBR, a different structure was established to provide for the protection of human rights for VCBR residents.

Recently the PHG LHRC asked the SHRC to end the trial affiliation as they wished to not serve as the LHRC for VCBR. The Office of Human Rights, Commissioner James W. Stewart, III, VCBR and the SHRC explored several options to address the Human Rights of VCBR residents. Commissioner Stewart approved an exemption to the *Rules and Regulations To assure the Rights of Individuals Receiving Services from Providers Licensed, Funded, or Operated by the Department of Behavioral Health and Developmental Services* and approved a Resident Complaint Resolution process for VCBR. The process involves two levels of complaint resolution within VCBR and, if needed, a third level of review involving the Office of Human Rights Director and the Chair of the SHRC. This is similar to the process that was in place prior to the PGH LHRC affiliation.

### **FACILITY POLICIES ON PATIENT FUNDS**

The SHRC has heard from residents at several facilities about policies regarding patient funds. A brief review of the policies showed a wide variation among the various facilities. The SHRC is concerned about the issue in terms of §12 VAC 35-115-100, Restrictions on Freedoms of Everyday Life, specifically A.1.c, Freedom to have and spend personal money. The SHRC has communicated these concerns to Commissioner Stewart who has agreed that the concerns will be reviewed as part of the *Creating Opportunities: A Plan for Advancing Community Focused Services in Virginia* initiative (available at <http://www.dbhds.virginia.gov/OPD-default.htm>).

### **SHRC SUB-COMMITTEE ON SYSTEM REFORM**



The sub-committee on system reform reported on the status of their work to the SHRC during its meeting on October 29, 2010. The sub-committee is focused on two items. First is to develop model By-Laws for LHRCs. Second is to develop model Affiliation Agreements for LHRCs and their provider affiliates.

At the December 10, 2010, SHRC meeting the SHRC voted to send out new Affiliation Agreements and new a LHRC Bylaws model to be adopted by all LHRCs by June 30, 2011.

The subcommittee will also review any proposed changes to the regulations that are under review by DBHDS in 2011.

### **EXTRAORDINARY BARRIERS TO DISCHARGE**

The SHRC heard the appeal of a case in open session from the Eastern State Hospital LHRC regarding an “extraordinary barrier to discharge” situation. The case involved an extended waiting period at Eastern State Hospital for arranging appropriate community placement.

The SHRC is very concerned about the systems issues identified by this case and wrote a letter to Commissioner Stewart seeking his assistance. Part of the letter states:

*“.....The SHRC respectfully requests that the Department provide us with information about how the Department and community services boards in Region V are addressing census management at ESH including the reported waiting list for admission, transfer and discharge into and out of ESH. We also request that the department provide information about the feasibility of expanding the review and problem-solving process currently used to address barriers to discharge to include barriers to admission and transfer....”*

Mr. Russell Payne, Community Support Specialist with the DBHDS, presented to the SHRC at the January 21, 2011 meeting and noted there are 130 consumers statewide who have been ready for discharge for greater than 30 days. This represents 9% of the total civil operational beds in state facilities.

There are a variety of barriers to discharge including that nursing home beds are unavailable, appropriate residential services are not available in the community, funding is not available for services, and persons in the Not Guilty by Reason of Insanity (NGRI) population who have not completed the legal steps that allow for discharge yet clinically are ready for discharge. There are 26 consumers who have been on the ready for discharge list for more than one year.



## **VOPA**

The SHRC heard a presentation at the January 21, 2011 meeting from Ms. Colleen Miller, Executive Director of the Virginia Office for Protection and Advocacy (VOPA). VOPA receives funding from eight different federal sources that direct their efforts to 1) Ensure protection of individuals, 2) Pursue advocacy strategies on behalf of legal rights, and 3) Provide information and referral services.

VOPA is an independent entity charged with the duty to investigate incidents of abuse and neglect of persons with disabilities. For more information on VOPA visit their web page at <http://www.vopa.state.va.us/>

## **A PLAN FOR COMMUNITY BASED CHILDREN'S BEHAVIORAL HEALTH SERVICES IN VIRGINIA**

At the January 21, 2011 SHRC meeting Ms. Janet Lung, Director of Child and Family Services with DBHDS, presented an update on "A Plan for Community-Based Children's Behavioral Health Services in Virginia." Ms. Lung noted that the interim report makes several recommendations listed below:

Based on the information gathered from previous reports, the current status of the system and the work of the expert panels, the following recommendations are made as strategic initiatives that the General Assembly may want to consider moving forward in the future. These initiatives could be implemented in a phased manner over a number of years, as the Virginia's budget scenario improves:

1. Define and promote through DBHDS the full comprehensive service array as the goal and standard for children's behavioral health services in every community.
2. Expand the array and capacity of services to assure a consistent base level of services for children and families statewide.
3. Establish a children's behavioral health workforce development initiative to be organized by DBHDS.
4. Continue the current role of CCCA for the foreseeable future, and until more adequate community-based services are in place.
5. Establish quality management mechanisms and metrics to improve access and quality in behavioral health services for children and families.

To review the complete report go to: <http://www.dbhds.virginia.gov/documents/CFS/cfs-Community-Based-BH-Plan.pdf>



## **SHRC MEETINGS**

SHRC meetings are held at various locations throughout Virginia at both facility and community programs. SHRC meetings are open to the public except portions which are in executive session as allowed under the provisions of the Virginia Freedom of Information Act.

The SHRC met on September 10, 2010 at the New River Valley CSB Montgomery Center in Blacksburg. On October 29, 2010 the SRHC met at Eastern State Hospital's Adult Treatment Center in Williamsburg. The SHRC met on December 10, 2010 at the Piedmont Geriatric Hospital in Burkeville. The first meeting in calendar year 2011 was held at Williamsville Wellness LLC in Hanover on January 21.

The next meeting of the SHRC will be in Charlottesville, Virginia at the Region Ten CSB on March 4, 2011.

Minutes of SHRC meetings are available on the Department's web site.